Approved for the through 11/1/2004 CHIB ON 1003 PTO/38/06(12-04)

Uncer the Personnel Reduction Act of 1995, no periods are required to respond to a collection of information united I displace a valid CHIB control number. U.S. Paterix and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for form PTO-876. Bledive December 8. 2004 101 680, APPLICATION AS FILED - PARTI. (Column 1) HAHT REHTO Coinn 21 SMALL ENTITY ÓR SMALL ENTITY FOR HUMBER FILED HUNBER EXTRA BASIC FEE RATE (1) FEE A (37 CFR 1 1841 18 0 (c)) NVA BATE (1) FÉE(I) H/A. HVA 150.00 SEARCHFEE NIA 300.00 (37 CFR 1 16(W. 14, ox [m]) N/A . HIA HVA \$250 EXAMINATION FEE NIA (37 CFR 1 1410) (p) or [all \$600 NA . N/A NV \$100 TOTAL CLAIMS NA \$200 137.CFR 1 16101 MINUS 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 OR 127 CFR 1 16(N) a C summ X100 Oot becake sontwarp bus nollectioeds entit X200 APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$128 for small entity) for each 137 CFR | 16|411 additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(Q) and 37 CFR 1,16(s) MULTIPLE DEPCHEENT CLAIM PRESENT OF CER I 1641 + 180m +360± * If the difference in column 1 is less then zero, enter *0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): OTHER THAN OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT RATE (1) 16/06 AFTER ADDI-PREVIOUSLY EXTRA RATE (\$) MENDMENT A00(: TIONAL PAID FOR TIONAL FEE (1) pi cia ciani FEE (1) AFIND ME Minus Ø 0 O, X\$ 25 Mependent X\$50 OR Minus X100 X200 Application Size F46 (37 CFR 1.16(6)) Oft FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360a OR TOTAL TOTAL. ADD'L FEE **OR** ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST 0 NUMBER PRESENT RATE (1) AFTER. ADDI-PREVIOUSLY EXTRA RATE (\$) -IOGA TIOHAL PAID FOR TIONAL FEE (1) Total around FEE (1) Mirus X\$ 25 X\$50 troipendem . Minue OR X100 X200. Application 5 to 610 (97 OFR 1.16(8)) **PO** first presentation of multiple dependent claim (at CFR 1.160) +180a +860± OR TOTAL" If the entry in column 1 is best than the entry in column 2, write "V' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

It of the thighest Number Previously Paid For Total or independent it the highest number found in the engagnists box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public vision is to the first thing galleding, pre-paring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual cites, Any complete the simple of this form and/or suppections for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent Trademusk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ORBESS. SEND TO! Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL